

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	DID	DEP	DID	DEP	DID	DEP			
1							81		
2							82		
3							83		
4							84		
5							85		
6							86		
7							87		
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46									
47									
48									
49									
50									
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.	13						TOTAL DEP.		
TOTAL CLAIMS	16						TOTAL CLAIMS		